

<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<u>Member Id</u>	30
<u>First Name</u>	50
<u>Last Name</u>	20
<u>Suffix</u>	
<u>Language Preference</u>	
<u>Contact Information</u>	
Country	
City	
Address 1	
Address 2	
Address 3	
Postal/Zip Code	
Phone Number	
<input type="button" value="Continue"/>	<input type="button" value="Back"/>
<input type="button" value="Clear"/>	

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																
80	60	40																
<table> <tr> <td><u>Account</u></td> <td><u>Name</u></td> </tr> <tr> <td>First</td> <td>John</td> </tr> <tr> <td>Middle</td> <td>Q</td> </tr> <tr> <td>Last</td> <td>Public</td> </tr> <tr> <td>Phone</td> <td>555-1212</td> </tr> <tr> <td>Email</td> <td>jpublic@email</td> </tr> </table>			<u>Account</u>	<u>Name</u>	First	John	Middle	Q	Last	Public	Phone	555-1212	Email	jpublic@email				
<u>Account</u>	<u>Name</u>																	
First	John																	
Middle	Q																	
Last	Public																	
Phone	555-1212																	
Email	jpublic@email																	
<table> <tr> <td><u>Address</u></td> <td>Main Street</td> </tr> <tr> <td>Street 1</td> <td>APT 1</td> </tr> <tr> <td>Street 2</td> <td>70</td> </tr> <tr> <td>Street 3</td> <td></td> </tr> <tr> <td>City</td> <td>New York</td> </tr> <tr> <td>State</td> <td>New York</td> </tr> <tr> <td>Country</td> <td>USA</td> </tr> <tr> <td>Zip</td> <td>10022</td> </tr> </table>			<u>Address</u>	Main Street	Street 1	APT 1	Street 2	70	Street 3		City	New York	State	New York	Country	USA	Zip	10022
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FIG. 1